

Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
2010 Judicial Election

Name of Committee Committee to Re-Elect Al Smith  
Address P.O. Drawer 478, Cleveland, MS 38702  
Telephone (662) 843-3346 Fax (662) 846-2930  
Treasurer Danny Abraham Email judgeal@bellsouth.net

RECEIVED

OCT 25 2010

Campaign Finance  
Secretary of State
☐ Check here if above is different from previous report

## TYPE OF REPORT

- ☐ May 10, 2010 Periodic Report (January 1, 2010, through April 30, 2010).....Mandatory
- ☐ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
- ☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
- ☐ October 8, 2010 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
- ☒ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
- ☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2010).....Runoff Candidates
- ☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
- ☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

## IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

## REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$ 500 <sup>-</sup> + \$ 1200 <sup>-</sup>	\$ 1700 <sup>-</sup>	\$ 2,400 <sup>-</sup>
Total amount of disbursements	\$ 1,707 <sup>95</sup> + \$ 23 <sup>50</sup>	\$ 1,731 <sup>45</sup>	\$ 1,731 <sup>45</sup>
Total amount of cash on hand		\$ 790 <sup>09</sup>	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Signature of Director or Treasurer

Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.  
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

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 Name of Candidate or Committee Committee to Reelect Al Smith  
 Reporting period 10/1/10 through 10/23/10

## ITEMIZED RECEIPTS

<b>A. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>10/07/10</u>	\$ <u>500-</u>
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
<b>B. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
<b>C. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$
<b>D. Source:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name		<u>1/1/</u>	\$
Mailing Address		<u>1/1/</u>	\$
City, State, Zip Code		<u>1/1/</u>	\$
Name of Employer (Required)		<u>1/1/</u>	\$
Occupation (Required)		Aggregate year-to-date	\$

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 Name of Candidate or Committee Committee to ReElect Al Smith  
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## ITEMIZED DISBURSEMENTS

A. Full name <u>Bolivar Commercial</u>	Date (Mo., Day, Year) <u>10/14/10</u>	Amount of each disbursement this period \$ <u>906.75</u>
Mailing Address <u>P.O. Box 1050</u>		\$
City, State, Zip Code <u>Cleveland, MS 38732</u>	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$
B. Full name <u>Press Register</u>	Date (Mo., Day, Year) <u>10/14/10</u>	Amount of each disbursement this period \$ <u>501.20</u>
Mailing Address <u>123 E. Second St.</u>		\$
City, State, Zip Code <u>Clarksdale, MS 38614</u>	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$
C. Full name <u>Cleveland Current - LD Media, LLC</u>	Date (Mo., Day, Year) <u>10/14/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>2095 Bunts Rd.</u>		\$
City, State, Zip Code <u>Lakewood, OH 44107</u>	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional) <u>ad</u>	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u>— / — / —</u>	\$
City, State, Zip Code	<u>— / — / —</u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$